



2FW

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
CHANGE OF CORRESPONDENCE ADDRESS
AND
STATEMENT UNDER 37 CFR 3.73(b)**

Application Number: 10/608,336
Filing Date: June 30, 2003
First Named Inventor: Oded Sarel
Art Unit: 2179
Examiner Name: True T. Chuong
Attorney Docket Number: 26381

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

I hereby revoke all previous powers of attorney given in the above-identified application, and appoint the following agent to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Martin D. MOYNIHAN Registration No. 40,338

☒ Please change the correspondence address for the above-identified application to:

Martin D. MOYNIHAN
PRTSI, Inc.
P.O. Box 16446
Arlington, Virginia 22215
Tel: (703) 598-7851
Fax: (703) 415-4864

I am the:

- ☐ Applicant/Inventor
☒ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b)

Home-Medicine (USA), Inc., a corporation, is the owner of the entire right, title, and interest in the above-identified application by virtue of an assignment from the inventor(s); the assignment being recorded in the USPTO at Reel 011402, Frame 0019. The undersigned is authorized to act on behalf of the assignee.

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Oded Sarel
Oded Sarel
12/12/05

BEST AVAILABLE COPY

